V. S. No. 1

should state

1. PLACE OF DEATH	(93-6)	
County Falfot	Registration Dist. No. 291	
Village Dr City Near France	Np. St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and nu	umber)
Length of residence in city-or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	sds.
2. FULL NAME Susau Emma	andrews	
(a) Residence: No. Meste State W. (Usual place of abode)	C St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Warred	21. DATE OF DEATH (Month) (Day)	193.2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James of Curdress	22. HEREBY CERTIFY That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year) aug 26 1865	I last sawher alive on June 28, 1932;	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date state above, at	
06 10 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows:  Contrary C Miller and it's	Oct. 195
Nind of work done, as SPINNER Housewife	7,000,000	46,149
Industry or business in which	f	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  11. Total time (years) spent in this occupation		
7.01.7 P-	Other Cunter Causes of importance:	1 9
12. BIRTHPLACE (city or town)	Plewery with experient	mul 109
(Stata or country)	1	
14. BIRTHP(AGE (city or town) Dorchestic Co	/	
14. BIRTHP(ADE (city or town) Drochestic Co	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an au	toneu?
15. MAIDEN NAME SALA BIELO		
T	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town) Asserted CO	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT My I da Shendan (Address) Centon Ma	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLAC	ĆE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Weeder tell Date sells 2 1932	Nature of injury	
19. UNDERTAKER Marties & Herrkum 9.50	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Frappy Med	If so, specify	
20. FILED June 30 7, 1931 Stell also Registrar.	(Signed) Melayer Duymany (Address) rake Mal	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	210
1. PLACE OF DEATH	93-e)	2 8 45
County Salvot	Registration Dist. No. 292	
Village or City Offord Ma	No. St.,	Ward
1/ -	death occurred in a hospital or institution, give its NAME instead of street and numb	er)
2. FULL NAME John Stanks	Ly Soldwar So	
(a) Residence: No. Land Linear W.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	е
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, ON DIVOYED (write the word)	21. DATE OF DEATH June 24 , 193 (Month) (Day)	3 2 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary and Baldwin	22. I HEREBY CERTIFY, That I attended dece	-
6. DATE OF BIRTH (month, day, and year) Offer 185.	Mast saw here alive on June 24, 1932; de	19 al . Z.
7. AGE Years / Months Days If LESS than	to have occurred on the data stated above, at 2.48 P.m.	atii 13 3aiu
78 7 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Yard Marler SAWYER, BDDKKEEPER, etc.	I I A. T VI	ta of onsat
J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Pate deceased last worked at this occupation (most) and the o		
10. Dato deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or togh) / Learnington	Other Contributory Causes of importance:	eapm
13. NAME James Badelle  f4. BIRTHPLACE (city or town)		
f 4. BIRTHPLACE (city or town)	Name of operation Data of Data	
(State of country)	What test confirmed diagnosis? Was there an autop	sy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)   (State or peunly)	Accident, suicide, or homicide? Date of injury	, f9
(+ t) Braden ()	Where did injury occur? (Specify city or town, county and State)	
17, INFORMANT (Address) Fall Asacco On	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Date Date	Nature of injury	
19. UNDERTAKER MATTER SOLEN SON	24. Was diseasa or injury in any way related to occupatir of daceasad?	
(Address)	If so, specify	
20. FILED June 14, 1924 Joseph a Good Registrar.	(Signed) (C. M. C. ) Western (Address) Earth Vind	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be eomplete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. State

Distinguish exactly the different kinds of engineers by stating the full descriptive titles as given against the

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be seeured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related car of importance were as follows:	-2
Arteriosclerosis	1915	Attack of epilepsy 'S'A AYER	AS 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1'week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 9 1	3 days ago
		CEIVED	25 12
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1

See instructions on back of certificate.

TION is very important.

1	-	7	
		1	)
1	-	1	/

should state

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(92-0)
County Tallot	Registration Dist. No. 292
Village or City New Loads	No. S Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
61-111 101 1	nosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Clad May I Hade	J
(a) Residence: No.	St., Ward.  If nonicsident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Ferrale Colite OR DIVORCED (write tha word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced	
(or) WIFE of Thomas W Blades	22. I HERERY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 14 1892	V. C. Landlast La
7. AGE Yaars Months Days If LESS than	to have occurred on tha data stated above, at /2.30 p.m.
39 11 15 1 day,h	5. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:  Onder of Soler Sign and Data of onset
kind of work dona, as SPINNER, house wefe	valvular, heart and 1930
kind of work done, as SPINNER, house works  SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked et allow this occupation (month and	hypertension
SAW MILL, BANK, atc	
O Date deceased last worked et this occupation (month and of year)  year)  11. Total time (years) spent in this occupation.	
71-11 0 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 10 MC (Lendund) (State or county)	- Verewax neum hage) 38 apr
13. NAME Samuel H Marion	
13. NAME Samuel H Marion 14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country) North Carolin	Name of oparation Data of  What tast confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Buttlee-	23. If death was dua to external causas (VIOLENCE) fill in also tha following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. Signification of the country	Accident, suicide, or homicide? Date of injury 19
E (State or country) North Carolin	Whera did injury occur?
17. INFORMANT Thomas W Blakes	(Specify city or towo, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Znappl Wid	
18. BURIAL, GREMATION, OR REMOVAL  Place Bull 193	Menner of injury
Place Date Muly 1,193	Nature of injury
19 UNDERTAKER Maurice & Wenden Do	24. Wes disaasa or injury In any way related to occupation of decaased?
(Address) Franke Zun	If so, specify
20. FILED. DIALE 38, 1934 OF STATE Registrar.	(Signed) Mullium M. D.
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis GAALACA	3 doys ogo
Other contributory causes of importance:  Gallstones	Moy 1,1923	Other contributory causes of importance:  Gostroenteritis	1 year

20. FILED

info sta UP.	1. PLACE OF DEATH	(A)
occ of	County Vallot	Registration Dist. No. 2.7.4
item of should of OCC		No
at Se ta	Langth of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
Every CINNS ement	2. FULL NAME Unnie M. Kiridgee	
RECORD. Every PHYSICIANS Exact statement	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T. T.	3. SEX 4. COLOR OR KACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Traced	21. DATE OF DEATH  (Month)  (Day)  (Year)
A A A	5a. If married, widowed or divorced HUSBAND of John W. Bridges	22. I HEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) May 18	Hast saw h A aliva on James (9, 1937; death Is said
	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at _ /3 _ A m.
IS A stated proper ertific	62 3 — 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
HIS I be si be p	8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	Corcumona Juleuro 15 y
VK—TI should it may n back	kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	Wiloston of aforem 1951
INE INE	O Date deceased last worked at this occupation (mgnth and 1932 spent in this year) - 11. Total time (years) spent in this occupation 45	1 spice / 7 mil
DIX So so ucti	12. BIRTHPLACE (city or town) Yearith mal (Stata or country)	Other Contributory Causes of Importance:
FA lied ms, ms,	13. NAME adam Caniper	0 0 -
sul sul fin to	14. BIRTHPLACE (city or town)  (State or country)	Name of operation was there an autopsy?
WITH efully in plai	I 15. MAIDEN NAME Mary Meants	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
CX,	15. MAIDEN NAME May Nearth 16. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  (State or country)	Accident, sulcide, or homicide?
A D Q A	17. INFORMANT Kenard Bridges (Address) Clarkowne	(Specify city or town, county and State) Specify whether injery occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION OR REMOVAL Place 12 03 man Date June 21, 1932	Manner of injury
.—WRITE mation s CAUSE TION is	19. UNDERTAKER Pewnam & Harrison (Address) (Af michaels, And	24. Was disease or injury in any way related to occupation of deceased?  If so, specify

(Address) .....

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various parsuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	VED	Example II	
The principal cause of death and related caus of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5; 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Length of residence: No. 2. FULL NAME.  (a) Residence: No. 2. FULL NAME.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE.  (B) NORTH CONTROL OF THE WORLD OR DIVORCED Certic the world (or) WIFE of (or) WI	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06822
Village or City  Length of residage in city or town where death occurred to a borpital or institution, give its NAME instead of street and namb  2. FULL NAME  (a) Residence: No. 213 (Usualphace of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  5. SINGLE MARRED, WIDOWED  5. It natified, reference, or or revised  (cor) WIFE of  (	1. PLACE OF DEATH	
Village or City    Comparison	County All-A	Registration Dist. No. 290
2. FULL NAME  (a) Residence: No. 212 (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  (SEX 4. COLOR OR RACE 5. SINGLE MARRED, WIDOWED OR DIVORCED (*urite the word)  (Month) (Day)  22. If HEREBY CERTIFY. That I attended decay the state of the state of bove, etc. 4. Color of the state of the s	Village or City Easter Zund	
(a) Residence: No. 213 (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SSX  4. COLOR OR RACE  5. SINGLE, MARRED, WIDOWED  OR DIVORCED (winter the word)  5. It married, wrows, or	Length of residence in city or town where death occurred 60 yrsmo	sds. How long in U.S. if of foreign birth?yrsmos
Color or Race	2. FULL NAME Williams Bring	
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  5. SINGLE, MARRED, WIDOWED OR DIVORCED (write whe word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or, mie. kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER,	(a) Residence: No. 2/3 Jalbot Lane	St. Ward.
SEX  4. COLOR OR RACE OR DIVORCED (winter this word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winter this word)  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hrs. or mie.  8. Trade, profession, or particular or mie.  8. Trade, profession, or particular or mie.  8. ACE Years Months Days If LESS than I day, hrs. or mie.  9. ACE SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 92 given) SAW MILL, BANK, etc.  11. Total time eyears) SAW MILL, BANK, etc.  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  17. INFORMANT (Address)  18. SINGLE, MARRIED, WIDOWED (Month) (Month) (Day)  19. 22.  11. HEREBY CERTIFY, That t attended deceased	(Usual place of abode)	Inonresident give city or town and State
OR DIVORCED (wirk blow word)  56. If married, moverer, or drowned HUSBAND of (or) WIFE of (or) W		
S. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. ormin.  8. Trade, profession, or particuler kind of work done, as SPINMER, SAWER, BOKKEPFER, etc  S. MYER, BOKKEPFER, etc  S. Industry or business in which work as done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. BIRTHPLACE (city or town)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there en eutop:  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did Injury occurred in IMDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)	ti would be described to the control of the control	June 7 1932
AGE Years Months Days If LESS than I day, hrs. or. mia.  8. Trade, profession, or particuler kind of work done, as SPINNER, SAWTER, BORKEFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. Trade, profession, or particuler kind of work done, as SPINNER, SPINNE	e. If married, whowed, or divorted HISBAND of	
Is saw has alive on. Just on the date stated above, et  8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there en europy  What test confirmed diagnosis?  Was there en europy  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether Injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.	(or) WIFE of Millia Annum	1//20 1/ 2: (/ 27 -
TAGE Years Months  Days If LESS than I day, hrs. or mila.  8. Trade, profession, or particuler kind of work done, as SPINNER SAW MILL, BARK, etc.  Industry or business in which work was done, as SPINNER SAW MILL, SAW MILL, BARK, etc.  In Date deceased last worked at this occupation (month and year)  SIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there en eutop:  Accident, suicide, or homicide?  Date of injury  Where did Injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.	E DATE OF DIPTH (month day and was) 11 /3 /413 -	067
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  10. Date of work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. Trade, profession, or particuler wind, and served at this occupation or particular in the provided at this occupation (month and year)  18. Trade, profession, or particuler wind, and of the provided at this occupation (month and year)  19. Date of this occupation (month and year)  10. Date of this occupation (month and year)  Other Contributory Capies of Importance:  What test confirmed diagnosis?  Was there en eutop:  23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, country and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there en eutop:  23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury.  (Specify city or town, county and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		THE TRICKING OF DEATH SHOT CHARGE STREET
Industry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  11. Total time (years)  spent in this occupation (month and year)  Other Contributory Causes of Importance:  (State or country)  Name of operation.  Date of (State or country)  What test confirmed diagnosis?  Was there en eutop:  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there en eutop:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		- Date of the
work was done, as SILK MILL,  AND MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. Work was done, as SILK MILL,  Specify whether Injory occurred in IMDUSTRY, in HOME, or In PUBLIC PLACE.	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  11. Total time (years) spent in this occupation  Other Contributory Causes of Importance:  Other Contributory Cause	work was done as SH K MIII	
Other Contributory Causes of Importance:  Other Contributory Causes of I		**
Other Comtributory Cames of Importance:  Other Comtributory Cames of Importanc	this occupation (month and 1924 spent in this vear)	
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis? Was there en eutops  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis? Date of injury  Accident, suicide, or homicide? Date of injury  Where did Injury occur? (Specify city or town, county and State)  Specify whether Injory occurred in IMDUSTRY, in HOME, or In PUBLIC PLACE.		
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  Name of operation  What test confirmed diagnosis?  Was there en eutops  Was there en eutops  Accident, suicide, or homicide?  Date of injury  Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injory occurred in IMDUSTRY, in HOME, or In PUBLIC PLACE.		Monaplepla 193
Name of operation		
What test confirmed diagnosis? Was there en eutop:  15. MAIDEN NAME  23. If death was due to external ceuses (VtOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury		Name of acception
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  23. If death was due to external ceuses (VtOLENCE) fill in also the following: Accident, suicide, or homicide?  Where did Injury occur? (Specify city or town, county and State) Specify whether Injory occurred in IMDUSTRY, in HOME, or In PUBLIC PLACE.	(State or country)	
16. BIRTHPLACE (city or town)  (State or country)  Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injory occurred in IMDUSTRY, in HOME, or In PUBLIC PLACE.	15. MAIDEN NAME	
Specify city or town, country and State)  17. INFORMANT Specify whether Injory occurred in IMDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)	16 PIDTUDI ACE (aibu or town)	
(Specify city or town, county and State)  17. INFORMANT Specify whether Injory occurred in IMDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)		
		(Specify city or town, county and State)
18. BURIAL, Chematica, on the Manner of injury	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Saston Mad. Date 6/10 , 19.32 Nature of injury	Place 2000 Med Date 6/10 , 19 3.	2_
19. UNDERTAKED Assess of injury in any way related to occupation of deceased?		24. Was disease or injury in any way related to occupation of deceased?
(Address) 20101 Hed If so, specify  20. FILED C/10, 19.32 MIN. Merries  Registrar. (Address) (20101) MIN.	20, FILED 6/10, 1932 M Jd. Neuries	(Signed) Haynaye of Mit Vy N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE REAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE O	F MARYLAND-	CERTIFICATE OF DEATH
EATH		34
eline		Registration Dist. No. 290
En at in		Nothers every book - St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
in city or town where d	eath occurred yrs mos	as. now long in 0.5.11 of to page bittiryisnos
10. Pay	(Usual place of abode)	Ward.  If nonresident give city or town and State
AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Wenth) (Day) (Yeer)
divorced	1 dugle	(Menth) (Day) (Yeer) -
T	0	1 HEREBY CERTIFY, That I attended deceased from 1932, to 1932
h, day, and year)	4.6,1952	last saw h.e. alive on
Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, and the PRINCIPAL CAUSE OF DEATH and related ceuses of importance
14	13   1 day,hrs.	were as follows:
or particular done, as SPINNER, KKEEPER, etc		Congenital Sypheli at hirth
ess in which e, as SILK MILL, ANK, etc		
st worked et n (month end	11. Total time (years) spent in this occupetion	
town) Custon	Tacket Co. My	Other Contributory Causes of importance:
3 4.4	Cesil	huramus
y or town Leeu	ance Co, And	Name of operation Date of
ntry)	A -	What test confirmed diagnosis?
h V	my V.	23. If death was due to external causes (VIOLENCE) fill in also the following:

What test confirmed diagnosis?\_\_\_\_\_ 23. If death was due to external causes (VIOL

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_, 19\_. Where did injury occur?\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

24. Was disease or injury in any way related to occupation of deceesed?

(Address) \_\_\_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis **	3 days ago	
LUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE C	F MARYLAND-	CERTIFICATE OF DEAT	H 06824
1. PLACE OF DEATH County albo	-	Registration Dis	st. No. 290
Village or City		No	St, Ward stead of street and number)
Length of residence in city or town where of	deeth occurred yrs, mos	ds. How long in U.S. it of foreign birth?	yrsds.
(a) Residence: No Assista	(Usual place of abode)		e city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	(Day) , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHE of	Coburne	22.   HEREBY CERTIFY.	
6. DATE OF BIRTH (month, day, end year)	15.9/1878	I fast saw h alive on	, 19; death is sald
7. AGE Years Months	Days If LESS than 1 day, hrs.	to heve occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	,
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Olicitor	shot gun wound f	read
9. Industry or business in which work was done, as S1LK MIPS SAW MILL, BANK, etc	Bife Lus y tock	by documend	
this occupation month and year)	11. Total time (years) spent in this occupation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	yfayd		
13. NAME	Coburn		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	d	Name of operation	Date of
15. MAIDEN NAME	Naddaway	23. If death was due to external causes (VIDLENCE) fill In Accident, sulelde, or homicide?	n also the following:
Collection Colonia,	2	Where did Injury occur? in Easter, Tallos	t las. (Manyland wn, county and State)  To or in PUBLIC PLACE,
17. INFORMANT (Address)	an mid	on lot adjoining hear	re
Place Sastar Mice	L Date 5/3 ,1932	Manner of Injury short gun wor	int.
19. UNDERTAKER ASSOCIATION (Address) Easton	Beur.	24. Was disease or Injury In any way related to occupate	on of deceased?
20. FILED (4.2 , 13.2 )	1 & nerris -	Qual (Signed)	in Coroner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5, 1927	Peritanitis T	3 days ago
	\	D 03 E	
012		Q & E	
Other contributory causes of importance:		Other contributory causes Simportance:	
Gallslones 4	May 1,1923	Gastroenteritis . T	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA.

Byact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06825
1. PLACE OF DEATH	210-2
County Lalbol	Registration Dist. No. 290
Village or Dity Easton	No. St., Ward
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
LIF D 1 0 . 1 40	ds. How long in U, S. if of foreign birth?yrsmosds.
2. FULL NAME COMOTIONS M. Collins	
	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Marie OR DIVORCED (write the word)	June 8 193 =
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(ii) me ii	, 19 , to
6. DATE OF BIRTH (month, day, end year) 10/26/60	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
7/ 15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Fractive, Cervical
kind of work done, as SPINNER, Policed formers.	5 fine (auto accident) 6-8-32
Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	( Vistored the remains)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month end	
this occupation (month end /922 spant in this occupation year)	
your your your your your your your your	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town) Tall to Loa	
14, BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Leals & Streffin  16. BIRTHPLACE (city or town). Dozek Miles Lab.	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Accident Date of injury 6-8-, 19 7 2
Carlo	Where did injury occur? ?? (Specify city or town, county and State)
17. INFORMANT Mrs Close M. Korling	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CAEMATION, OR BENOVAL LO	0 7
Place 7 01 Date 5/15/32 19	Manner of injury distance of the and drying to a
man cross	Nature of injury a ser a non what have a series a non-
19. UNDERTAKER Here Charles	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Baston Sind	If so, specify
20. FILED 6: 10 , 19 32 // The // Dences	(Signed) M. D.
Registrar.	(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
A B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m ż

E O	OF DEATH				68	326
<i>y</i>	Registration	Dist.	No.	2	9	0

1. PLACE OF DEATH	93-0
County Taltot	Registration Dist. No. 2 9 0
Village or City 2007 town where death occurred yrs.	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U. S. if of foreign birth?
2. FILL NAME Charles Com	· L
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mangaret Romadon 3	22. I HEREBY CERTIFY. That I ettended deceased from 2/ 1932
6. DATE OF BIRTH (month, day, and year) Whow 1873	I last saw holing alive on June 21, 1932; death is said
7. AGE Years Months Days If LESS t 1 day, or min	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cleute My searchitis 1/20/5
9. Industry or business in which	
SAW MILL, BANK, etc  10. Date deceased last worked at spent in this occupation (month and year)  11. Total time (years) spent in this occupation	Other Cautgibutary/Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	Chronic Bromonto 2/6/24
Tale 13. NAME	
4 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there an autopsy? Wes there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Line Page 17. (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 5/2 7, 19	Manner of injury Nature of injury
19. UNDERTAKER ALLEGE OF STATE	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6/27, 193 Z. M. L. Merrier Regist	(Signed Coupling of the M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NORTH NO.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PRYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

Exact statement of OCCUPA-

STATE C	F MARYL	AND-CERTIFICATE	OF DEATH
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66827

1	I. PLACE OF DEATH	<u> </u>
	County Loubo T	Registration Dist. No. 290
	Village or City FOSTAN	No Emergency Mospilalst, Ward
	(It	death occurred in a hospital or institution, give its NAM instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
	14°C 1.11	
1	2. FULL NAME DAILLOSTA COMOTY	Ot Wast
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
augus:	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a'	Temple 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a.	. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
	(or) WIFE of	. 19 to
6 6	DATE OF BIRTH (month, day, and year) Que 18, 1932	I last saw h alive on
-   -	AGE Years Months O Oays If LESS than	to have occurred on the date stated above, at
#	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S Z	8. Trade, profession, or particular kind of work dona, as SPINNER,	
TION	SAWYER BOOKKEEPER etc.	TAR
back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	July 1/1/11
on back	10. Data deceased last worked at 11. Total time (years)	71110
-	this occupation (month and year) spant in this occupation	Other Contributory Cades of importance:
instructions HER E	2. BIRTHPLACE (city or town) 2 cust and	12 aeutre Braeva
ruc	(Stata or country) Comments and	(Lexitord)
IER	13. NAME Lewis Raily Emony	
PAT AT	14. BIRTHPLACE (city or town)	Nama of operation Oata of Oata of
N F	(Stata or country) many and	What test confirmed diagnosis? Was there an autopsy?
ortant.	15. MAIDEN NAME & ame Kenton	23. If death was dua to external causas (VIOL ENCE) fill in also tha following:
101	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
important.	(State or country)	Where did injury occur? (Specify city or town, county and State)
	7. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
very	8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
is	Place Busic, Med Date 19 19 33	Nature of injury
NOLL	MADERIANED PATERIAL	24. Was disease or Injury in any way related to occupation of degeased?
E I	9. UNDERTAKER (Address)	If so, specify
2	0, FILED 6/19 1932 n & Meeries	(Signed) Cold M. D. M. D.
2	Registrar.	(Address) Cleffy Tool

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	de la constantina della consta	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
EDREAU V. S. A				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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	HIS	he	pe	90
	NK-T	plnous	it may	" Look
	ING I	AGE	o that	diana a
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMAN	mation should be carefully supplied. AGE should be stated EXA	CAUSE OF DEATH in plain terms, so that it may be properly classi	WOIN in mountaint Can instantations of Local and Mountaine
ł	WITH	efully s	in plain	S +
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	PLA1	plnous	OF DE	TAN STATE
	WRITE	ation s	AUSE	INOT.
	1	H	0	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Cally	Registration Dist. No. 29
Village or City costou R. P.	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?yrsmosds.
C Salla 1'	us. How long in 0.5.11 of foreign pitch:
2. FULL NAME & MULLA Y J. MILLS	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
$\wedge$	, 19 , to , 19 , 19
6. DATE OF BIRTH (month, day, and year) June 14, 1932	I last saw h; death is said
7. AGE Years Month's Days If LESS than I day,	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Vienallie
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	assur 3 mouth
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end spent in this	( terrison )
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Call) (State or country)	Other Contributory Causes of Importance:
14. BIRTHPLACE (city of town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external couses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
	(Specify city or town, county and State)
17, INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Chapel ned Date 6/15_1937	Nature of injury
19. UNDERTAKER Lygue Hilson (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILEO J. 5 , 19 3 2 M. M. Melina. Registrar.	(Signed) M. D. (Address) C.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 wcek ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

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of OCCUPA-

Village or City & Let Town New Fresh	Registration Dist. No. 23  No. St., Ward of death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Charles Harris  (a) Residence: No. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male Colored  Manuel	21. DATE OF DEATH  Aune (Month) /4 (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Magyer Across  6. DATE OF BIRTH (month, day, and yeer) AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or perticular kind of work done, as SPINNER, FORWER, BOOKKEEPER, etc. Town SAWYER, BOOKKEEPER, etc. Town SAWYER, BOOKKEEPER, etc. SAW MILL, BAKK, etc.	1 HEREBY CERTIFY, That I attended deceased from 1932, to 1932; death is said to have occurred on the date steted above, at 60 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Tollows:  Date of onset  The principal cause of Date of onset  The principal cause of Date of onset  The principal cause of importance were as Tollows:
10. Dete deceased lest worked at Dice 28 11. Total time (years) spant in this occupation (month and yeer) 12. BIRTHPLACE (city or town) Journal of the country)	Other Contributory Cages of importance:  White Mysteanditis 37/37
13. NAME  Linkshow  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. MAIDEN NAME  Annua Harry  Annua Harry  18. MAIDEN NAME  Annua Harry  An	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL New Support Place Mills Town Date pune /6., 1932	Manner of injury - Neture of injury
19. UNDERTAKER James a Skance (Address) Eastern Inde 20. FILED June 16, 19 34 Joseph Registrar.	24. Was disease or Injury in any wey related to occupation of deceased? 777!  If so, specify  (Signed)

If/more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUL B 1932				
Other contributory causes of importance:		Other contributory causes of importance:	,	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06830
1. PLACE OF DEATH	97)
County Jalbot	Registration Dist. No. 291
Village or City Noyal Oak	No. St., Ward
//	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. N of foreign birth?msms
2 FILL NAME Sarah G. Harres	
(a) Residence: No. Royal Ook ma (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female colored OR DIVORCED (write the word) widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  John W. January	22 I HEREBY CERTIFY. That I attended deceased from
100 1.10 1011	
6. DATE OF BIRTH (month, day, and year) March 14  7. AGE Years Months Days If LESS than	I last saw h_E alive on
	to have occurred on the date stated obove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
86 <b>2</b> 1 1 aay,nrs.	were as follows:
8. Troda, profession, or particular kind of work done, as SPINNER, Midwife SAWYER, BOOKKEEPER, etc.	General debelong of
Industry or business in which work was dona, as SILK MILL.	Ord ap
work was dona, as SILK MILL, SAW MILL, BANK, etc	arterio sclerasis: 3 or 4 years,
D. Date deceased last worked at this occupation (month and 4 4 4 5 5 5 5 60 60 60 60 60 60 60 60 60 60 60 60 60	Curto Contraction
12. BIRTHPLACE (city or town) Royal Oak md (Stata or country)	Other Castributory Causes of Importance:
13. NAME Mathan C. Johnson	
14. BIRTHPLACE (city or town) Royal Cak. Ind	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eliza Tilson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jalbot to (State or country)	Accident, sulside, or homicide? Date of injury, 19
17. INFORMANT Lyda Stynson (Address) & Royal Oak Md	(Specify city or town, county and Stata) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Place Poyal Pak Date June 17, 1932	Manner of injury
4. 130	1 4
19. UNDERTAKER / Elwram & Marison (Address) Sf. Michaeld, Md.	24. Was disease er injury in any way related to occupation of deceased?
20. FILED June 16 , 1932 John Hwwales	(Signed) to and to the M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	M 4 4000	Other contributory causes of importance:	
Causimes	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County aloa	Registration Dist. No. 291
Village Dr City (5 on man (sy)	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos,ds.
Class I take Ola	us. now long in 0.5. It of lotergin biltin:yisinos us.
2. FULL NAME CLUY   NOCCOMO	
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from May 26 1936, to June 16, 1936
5. DATE OF BIRTH (month, day, end year) 1860 Feb 19	I last soon we alive on The 9. The 193 W death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, et
72 +860 -40- 26 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	1 1 1 0 a linker
9. Industry or business in which work was done, as SILK MILL	Apoplesey Ocrabial)
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and spant in this	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town). Dominion	Other Contributory Causes of importance:
(State og country)	
13. NAME John Holland	
14. BIRTHPLACE (city or town) Bayman (State of Country)	Name of operation None Date of
(State by country)	Whet test confirmed diagnosis? Nove Was there an autopsy?
15. MAIDEN NAME Darah & milh	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city er town). William	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sla Boyne  (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL	Manner of injury
Place John Dete Jy , 1931	Nature of injury
O, UNDERTAKER A. Manhaut (Address) Strustour	24. Was disease or injury in eny wey related to occupation of deceesed?
20. FILEO June 18, 1932 John Huwales Registrar.	(Signed) The block M. D. (Address) It Muchoels Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of conset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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PUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



-WRITE	mation sho	CAUSE O	TION is V
N. B	(	T	,
	B.	B.—WRIT	B.—WRIT mation CAUSE

6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 dey, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPIK MILL, Advanced at this occupation (month and year)  10. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town) (State or country)  Mame of operation  Name of operation  Name of operation  Name of operation  Name of operation  What test confirmed diagnosis?  Was there an europsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Continued of the control of shorted of the control of shorted of the control of the control of shorted of the control of the	T. 00 +	22
Unage of Uty to the post of several control of the post of the	County 1 a Chan	0
Length of gedence in city or town where death occurred 375 mes. dd 7444466 in U.S.It of foreign biths 375 mes. dd 7444466 in U.S.It of foreign biths 375 mes. dd 7444466 in U.S.It of foreign biths 375 mes. dd 7444466 in U.S.It of foreign biths 375 mes. dd 7444466 in U.S.It of foreign biths 375 mes. dd 7444466 in U.S.It of foreign biths 375 mes. dd 7444466 in U.S.It of foreign biths 375 mes. dd 7444466 in U.S.It of foreign biths 375 mes. dd 744446 in U.S.It of foreign biths 375 mes. dd 744446 in U.S.It of foreign biths 375 mes. dd 744446 in U.S.It of foreign biths 375 mes. dd 744446 in U.S.It of foreign biths 375 mes. dd 744446 in U.S.It of foreign biths 375 mes. dd 744446 in U.S.It of foreign biths 375 mes. dd 744446 in U.S.It of foreign biths 375 mes. dd 744446 in U.S.It of foreign biths 374446 in U.S.It of It of the U.S.It of foreign biths 374446 in U.S.It of foreign biths 374	Village or City Eastern (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS  1. SEX  1. COLOR OR RACE  1. SEX  1. COLOR OR RACE  1. SEX  1. COLOR OR RACE  1. SENGLE MARRIED, WIDOWED, OR DIVORCED (write ble word)  1. Transital, widowed, or divorced (or) ville of (or		a. 2 da 7 fbW fong In U.S. if of foreign birth) yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (corite by word)  7. AGE  Years  Months  1 Days  1 IT LESS than 1 day,	2. FULL NAME LISSIE House	1
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED Currier by word)  7. ACE  Vers  Or min.  8. Tride, profession, for particular  SAWYER, BOOKKEPFE, etc.  9. Industry or business in which was as SPINNER, SAWYER, BOOKKEPFE, etc.  10. Date of one was done as SILK MILL, Advanced word or word of one occupation of securation. Other Coeffibutory Causes of Importance:  12. BIRTHPLACE (city or town)  (State or country)  13. HAME  14. MAINE  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURNAL, CREMATION, OR REMOVAL  Place  Place  Date of fine injury  Name of operation.  What test confirmed diagnosis?  Name do operation.  What test confirmed diagnosis?  Name of operation.  What test confirmed diagnosis?  Specify whether injury occurred in INOUSTRY, in NOME, or in PUBLIC PLACE.  MEDICAL CERTIFICATE OF DEATH  (Nonth)  (Obay)  19. 19. 2.  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	(12) Residence: No	St. Ward Mr Daniel
2. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED  7. AGE  1. Imprined, widowed, or divorced  1. Imprined, widowed  1. Imprined, widowed  1. Imprined, w	(Usual place of abode)	
OR DIVORCED Comits the world  (Month)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
55. If married, widowed, or divorced HUSSAHO (or) WIFE of	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	June 10 1932
### 13. NAME  ### 13. NAME  ### 13. NAME  ### 14. BIRTHPLACE (city or town)  (State or country)  ### 15. MAIOEN NAME  ### 16. BIRTHPLACE (city or town)  (State or country)  ### 15. MAIOEN NAME  ### 16. BIRTHPLACE (city or town)  (State or country)  ### 15. MAIOEN NAME  ### 15. MAIOEN NAME  ### 16. BIRTHPLACE (city or town)  (State or country)  ### 15. MAIOEN NAME  ### 16. BIRTHPLACE (city or town)  (State or country)  ### 15. MAIOEN NAME  ### 15. MAIOEN NAME  ### 15. MAIOEN NAME  ### 15. MAIOEN NAME  ### 16. BIRTHPLACE (city or town)  ### 16. BIRTHP	Should vidend of the world	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than to have occurred on the date stated atape, at 7. 400 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  R. Trade, profession, or particular kind of work dome, as SPINNER, SANYER, BOOKKEEPER, etc.  S. Industry or business in which work was done, as SILK MILL.  10. Date deceased last worked at the deceased last worked at place deceased last worked at the principal Cause of Importance:  12. BIRTHPLACE (city or town) (State or country)  Was there an eurlopsy?  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  Address)  18. BURLAL, CREMATION, OR REMDVAL Place  Date  Date  Date  Manner of injury Nature as of lowes as of limportance Nature	HUSBAND of	
Trace of the date stated above, at 7.40 m.  Note of the date stated above, at 7.40 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH AND RELATI	Aca :10 1620	A 1
8. Trade, profession/or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which L. SAW MILL, BASK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Manner of injury  Nature of injury  Natu		
8. Trade, profession, for particular kind of work done, as SPINNER, SAWYER, BOCKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL.  9. Industry or business in which work was done, as SILK MILL.  10. Date deceased last worked at this occupation (month and seven).  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMBVAL  Place  Date.  Da	100 ( ) 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
12. BIRTHPLACE (city or town) (State or country)  13. NAME 14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)  17. ÎNFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILEO  Other Coutributory Causes of Importance:  Other Coutributory C	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	Ling abores A. 6-20.
12. BIRTHPLACE (city or town) (State or country)  13. NAME 14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)  17. ÎNFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILEO  Other Coutributory Causes of Importance:  Other Coutributory C	9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.	,
Other Coutributory Causes of Importance:  Other Coutributory Causes of I		
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILEO  20. FILEO  21. SHANDEN  13. NAME  Name of operation  What test confirmed diagnosis?  Was there an eutopsy?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  17. INFORMANT  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)	21 Robinson	Other Coutributory Causes of Importance:
What test confirmed diagnosis? Was there an eulopsy? A confirmed diagnosis? Was there an eulopsy? What test confirmed diagnosis? Was there an eulopsy? Was there and eulopsy? Was there and eulopsy? Was there an		
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17. INFORMANT (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  19. UNOERTAKER (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  19. UNOERTAKER (Signed)	(State of Country)	What test confirmed diagnosis? Y - Say Was there an eulopsy?
17. INFORMANT (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  19. UNOERTAKER (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  19. UNOERTAKER (Signed)	15. MAIDEN NAME JUNGUON	23. If death was due to external causes (VIOL ENCE) fill in also the following:
17. INFORMANT (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  19. UNOERTAKER (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  19. UNOERTAKER (Signed)	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT CAUCAL Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Date	∑ (State or country)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Date 12.19.14  Nature of injury.  19. UNOERTAKER Address		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Date ## /2_19_14 Nature of injury  19. UNOERTAKER   Date ## /2_19_14 Nature of injury in any way related to occupation of deceased?  19. UNOERTAKER   Date ## /2 UNOERTA		Manner of injury
19. UNOERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  M.		
20. FILEO 6/10 1937 P. M. Negreis (Signed) - 2. Cot M.	19. UNDERTAKER MANAGERS	23. Was disease or injury in any way related to occupation of deceased?
20. FILEO 01 ( D 19 5 2 / F V V LL / LL / LL / LL / LL / LL / L	(Address) Thursque	
	20, FILEO 6/10 1932 Me Al Registrar.	

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Example I	de de la companya de	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis +	1915	Attack of epilepsy	1 week ago
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BUREAUV.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	833
1. PLACE OF DEATH	186-0	
County Jallan	Registration Dist No. 2	90
Village or City Sunling	No. Mergenry / Angl	Ward
	death occurred in a hospital of institution, give its NAME instead of freet and n	
2 FILL NAME SALES		
Residence: No.	N St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193(Year)
5a. If married, widowed, or divorced	22,I HEREBY CERTIFY, That I attended of	lecased from
(or) WIFE of	0 .0 . 97	19.∄ }-
6. DATE OF BIRTH (month, day, and year) Nay, 10 1849	I last saw h_la_ alive on	+ death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.2	
9-3-60 - V 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER,	74.7	41 1
of Irade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dicaciare of cos	711/32
SAW MILL, BANK, atc. Will, Church Home	<i>V</i>	
year) occupation occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	60.04	~
X0: 1:	- Century	
14. BIRTHPLACE (cily or town)	Name of operation Date of P	-
(State or country) Many and	What test confirmed diagnosis? X Ray Was there an a	utopsy? No
# 15. MAIOEN NAME Canalina ?	23. If death was due to external causes (VIOL ENCE) fill in also the following	:
16. BIRTHPLACE (city or town) July Complex Com	Accident, suicide, or homicide? (Conferm Date of Injury 4/1/	
State or country) May Cauch	Where did injury occur? (Specify city or town, county and State	ron pw
17. INFORMANT Medford this	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ACE.
(Address) Will Malla Mid	Manner of injury Jell —	
Place Commaleire Date Jeris 6, 1932	Nature of Injury 2 socie 7 Cay.	
10 UNDERTAKED BUT LAST GOLDING		w
19. UNOERTAKER Project Eddition (Address) (entrevalle mid.	If so, specify V	
20. FILEO (e) 3 1932 N. K. Derrin	(Signed) Wellows Jacum	M. D
Registrar.	(Address) Laston not	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 19

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Ex	ample I	100	Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	JUL 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	- V Dr	July 5,1927	Peritonitis	3 days ago
	BURLE			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

very

TION is

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6834
1. PLACE OF DEATH	92	
County Talbot	Registration Dist. No. 2	94
Village or City Wattruan	NoSt.,	Ward
(W	death occurred in a hospital or institution, give its NAME instead of street and number of the land of street and number	
(a) Residence: No. Wittmany md	St., Ward.	
(Usual place of abode)	If nonresident give city or town and Si	tale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	193 <b>32</b>
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended de	eceased from
6. DATE OF BIRTH (month, day, and year) April 15 /860  7. AGE Years Months Days If LESS than 1 day	I last saw h alive on, 19, 19; to have occurred on the date stated above, atm.	
/2 / /8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Found dead in lect room)	waters
12. BIRTHPLACE (city or town) Jallot Co.  (State or country)	Other Contributary Cause of Apportance:	20ge
13. NAME John Maishall  14. BIRTHPLACE (city or town) Vallet Co (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au	0
15. MAIOEN NAME Orothy Name  16. BIRTHPLACE (city or town) Tallot Co.  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur?	
17. INFORMANT & Watter Jones.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OR REMOVAL Place Wittman Md Oate June 5th, 1932	Manner of Injury	
19. UNDERTAKER Newnam + Harrison (Address) St. Michaels md	24. Was disease or injury in any way related to occupation of deceased?	
20, FILED June 4, 1932 mo Victor Roter	(Signed)	M. D.

(Address) ---

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	Zatampres.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		O.S.A.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

<b>C</b> .	AD:	DITIONAL SP	ACE FOR FI	JRTHER STA	TEMENTS BY	PHYSICIAN	Pr
1 20	197 a	- Javar	y le	is no	1 July	& mys	water
Vol	reg	comes	secondo	Co Cle	o dayres	le ex	
shat	ness	01/1	really	100 Rec.	true	8//	
		//					

PHYSICIANS should state

of OCCUPA-

N. B.-

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	46
County altof	Registration Dist. No. 299
Village or City Zulghman	ND. St, Ward
Length of residence in city of town where death occurred 17 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Clinetelle namey	Carrimore
(a) Residence: No.	St., Ward.
(Usual place of abode)	1f nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Larrenga Carrinole	22. HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, end year) July 4 186;	I last saw har alive on 19 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Impartance
8. Trede, profession, or particular	were es follows: Date of oneet
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Concessor a Constitution of the Constitution o
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  11. Totel time (years) this occupation (month and	
SAW MILL, BANK, etc	
O Date deceased last worked et this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) not nown	Diher Contributory Codes of importance:
(State or country) USA	Nigherles 189
13. NAME Flomas ames nebyght	' / /
13. NAME Homes ames Neblight  14. BIRTHPLACE (city or town). Coursel Well	Name of operation
(Stele of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cleyer CM. Mellips	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Clysteth M. Phillips 16. BIRTHPLACE (city er town) Lawrel Vel. (State or country)	Accident, sulelde, or homicide?
Man Patter to the total	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT / Way Garage.	Specify whether injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Telghaman Date une 19, 1932	Nature of injury
19. UNDERTAKER MUSIUM To Havison	24. Wes disease er injury In any way releted to occupation of deceased?
(Address) St. mychaels md.	If so, specify
20, FILED une 19, 108 2 4. trank Jackson	(Signed) M.
() Registrar.	(Address)

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  BUREAU V. S.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No.	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(N3)
County Jalbol	Registration Dist. No. 290
	death occurred in a horoital or institution, give its NAME instead of street and number)
Longth of residence in city or town where death occurredyrsmos.	Ods. How long in U.S. if of oreign birth?yrsmosds.
2. FULD NAME SOMA HELLY IN CHI	nay
Residence: No. St. Mic Paralles M. (Usual place to abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed or divorced husband of how his of how hay Me Quay	22. MIHEREBY CERTIFY. That I attended deceased from  Nov. 24, 1932, to Sunc. 2, 1932
6. DATE OF BIRTH (month, day, and year)	I last saw him ave on Sune 2, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \\ \D0,m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, MENCHAM	
SAWYER, BOOKKEEPER, etc. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	76 11 10 6 8 1 1
work was done, as SILK MILL, Own Stare	regardes acus
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year) year)  11. Total time (years) spent in this occupation.	<u> </u>
BOZMANI MA.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 200 (State or country)	Be chlorede orsonie
# 13. NAME Villiam Mc Gray	V
13. NAME 11 am Mi Guay  14. BIRTHPLACE (city or town) Manyland	Name of operation
(State of country)	What test confirmed diagnosis? Climied Was there an autopsy? W
15. MAIDEN NAME MALLIA IT BORNAY  16. BIRTHPLACE (city or town) Mary Court Country	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Mosey Court	Accident, suicide, or homicide?
State or country)	Where tijd injury occur? (Specify city or town, county and State)
17. INFORMANT ATTION INCOMING	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place GOLDO Date 9, 19 200	Nature of injury
19. UNDERTAKER LENGTHUM HARRESON STUDIES HARRESON STUDIES ARELS MA	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Cal 3 , 19.32 7-14 Merius Registrar.	(Signed) M. D. (Address) Contout M. D.
If more blanks are needed address State Registrar	24.11 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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r-	Example I		Example II	
The principal cause of of importance were as f	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 6 1932 ·	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	XAREAU.	July 5,1927	Peritonitis	3 days ago
	1-			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			·	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNOERTAKER

(Address)

mation should be carefully supplied.

STATE OF MARYLAND—C	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Fallat	Registration Dist. No. 290
Village or City Castan	No. Comergency Hosseital St., Ward
(If d	leath occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL PAME Stillion INSNEY	ds. How long in U.S. if of foreign birth?yrsmosds.
Residence: No. Que place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a! If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. SI HEREBY CERTIFY, That I attended deceased from 1937, to Successful 1937
6. DATE OF BIRTH (month, day, and year) (0-30 - '32)	I last saw h alive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated abova, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yaar) spent in this occupation	Oate of onset  Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)(State or country)	Cited Control of Importance.
13. NAME Raggie Tinkney  14. BIRTHPLACE (city br town). Fillshap  (State or country) Mary and	Name of operation
15. MAIOEN NAME Mara Brown  16. BIRTHPLACE (city or town) Caroline Gounty  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Glara Pinkney Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sand Trum, Med Oata June 30 19.32	Manner of injury

Registrar.

If so, spacify (Signed)

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The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 88 0			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
			L

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County /albat	Registration Dist. No. 290
Village or City Easter	No. Cot, and Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME tetus Pource	2
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	19 to 19
6. DATE OF BIRTH (month, day, and year) 6. 3 - 3 2	I last saw halive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs	were as follows:
8 Trade profession or particular	oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	abortion incomplete
10. Oate deceased last worked at this occupation (month and pear) this occupation cocupation	
12. BIRTHPLACE (city or town) Easton	Other Contributory Causes of Importance:
(State or country)	
13. NAME Charles Lyman Poore	
13. NAME Charles Lyman Foot	Name of operation
(State or coentry) Delaware	What test confirmed diagnosis?
15. MAIOEN NAME A Cy Con or own 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Delaw are	Where did injury occur?
17. INFORMANT Jus May Foor (Address) Canada and	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Eastow Oate 6/3 , 193	Nature of Injury
19. UNDERTAKER & MERIGARIES Naspital	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO 6/3 , 19-32 M. M. Menin Registrar.	(Signed) 20' A daluar J. M. D. (Address) Carlan M. D.
	T. 24TE N. Charles Street Baltimore Requesting 91 S. No. 7

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

19. UNDERTAKER

20. FILED ... G

(Address)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or lown) (State or country)

FATHER

MOTHER

	ر <del>د</del> ہے	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06839
X	infor state	1. PLACE OF DEATH	<u> </u>
111	item of should of OCC	Village or City Caston and	Registration Dist. No. 240
	vy ite	All (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	-Ever CIAN Lemer	2. FULL NAME Solera Alam Pour	land
	RD. IYSI stat	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5N	TLY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	(Month) (Day) , 193 (Year)
BINDIN	A C assif	HUSBAND of (or) WIFE of / Lingle	22. CHEREBY CERTIFY. Thet I attended deceased from 1929, to the 2/ 1932
BIN	PER   EX   It cl	6. DATE OF RIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h. ov alive on
FOR	IS A stated proper	3-9 3 17 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
	HIS be she be to of co	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Multiple myeloma ?
SERVED	ould may	9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc	originating in the Lones, as usual:
SE	Sh sh	Date deceased last worked at 11. Total time (years) spent in this	reba humbruse, sternum, paline and free

If so, specify !

(Specify city or town, county and State)

-WRITE

m.

ż

V. S. No. 1

Registrar.

Where did injury occur?\_\_\_\_

Manner of injury



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and being	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
REFET V.	5. 4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	Y year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

TION is very important. See instructions on back of certificate.

should state of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

6	0	4.7	4	9
- 0	6	0	4	L

1. PLACE OF DEATH ,	(1942)
County Jalbat	Registration Dist. No. 290
Village or City Laston mod	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. N of foreign birth?mrsmosds.
2. FUEL NAME (NO.) Desarroll	
(a) Residence: No. Crisco Of	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divoteed HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of man & Severel	1 HEREBI CERTIFI, That I alterned deceased 10111
6. DATE OF BIRTH (month, day, and year)	1 last saw here alive on alive on three 24, 1982; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at /2 30 /2 ml.
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	- Septicemud 51,62
SAWYER, BOOKKEEPER, etc.	
9 Addustry or business in which work was done, as STILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) J-/J/32 occupation	Other Contributory Causes of importance:
12. BIRTIIPLACE (city or town)	
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)	
[ 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was thera an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury 3.74, 193.2_
(State or country)	Where did injury occur? at mach
17. INFORMANT Natia Brooks	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Soston and	Industry 1
18. BURIAL, CREMATION, OR REMOVAL Place Sactor Sund, Oate 5/38, 19.35	Manner of Injury
D. a. M.	Nature of injury Lacracy and the accounting of decayed
19, UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased.
19 - hell haras	(Signed) Cheelmand Home PWP M. D.
20. FILEO 6/27, 193. 2 // Registrar.	(Address) Carlound
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Batimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
56 % TO YE A CL Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MA	ARYLAND-	CERTIFICATE OF DE	ATH 66842
1. PLACE OF DEATH		93-0	400
County A Sall	as	Registratio	n Dist. No. 293.
Village or City Ourder		No	St., Ward
Length of residence in city town where death occurry		death occurred in a hospital or institution, give its NA!ds. How long in U.S. if of foreign birth?	
2. FULL NAME Lerrie	005	15	
(a) Residence: No.		St Ward.	
(Usua	l place of abode)	If noureside	ent give city or town and State
PERSONAL AND STATISTICAL PAGE  3. SEX 4. COLOR OR RACE 5. SINGLE		MEDICAL CERTIFICAT	E OF DEATH
Man 1 Por 1 PR DIV	(MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	7		(Day) (Year)  F Y? That I attended deceased from
(or) wire of Comme 60/0	mulh	May 30 10 32 to	Janu 4 , 19 3 2
6. DATE OF BIRTH (month, day, and year)	2.1844	I last saw h www alive on	9 19 3 2; death is said
7. AGE Years Months Day	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	/m.
88 7 2	2   or min.	The PRINCIPAL CAUSE OF DEATH and related ca	uses of importance - Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	. Trasmer	my o cardeles	ad The
SAWYER, BOOKKEEPER, etc.	and the same of th	asturose	leroser andelen
SAW MILL, BANK, etc.	***		alway
Date deceased last worked at this occupation (month and year)	Total time (years) spent in this occupation		tun,
	oc.upation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)  (State or country)	Delaward	Colomonia L	ellekken
13. NAME Pulliam	Smith		Team
14. BIRTHPLACE (city or town)		Name of operation	Date of
(State or country) Mnyrna	Helawan	What test confirmed diagnosis?	
15. MAIDEN NAME valle Va	ford	23. If death was due to external causes (VIOLENCE)	fill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Oate of injury, 19
(State or country)	in i	Where did injury occur?(Specify city	or town, county and State)
17. INFORMANT Attract (Address) 6 as lon	Ind	Specify whether injury occurred in INOUSTRY, in I	HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	7	Manner of injury	00000 404 - 0 - 0 0 0 0 0 0 0 0 0 0 0 0
Place 6 aslaw Date	19.32	Nature of injury	
19. UNDERTAKER the Chee	ecl .	24. Was disease or injury in any way related to occu	upation of deceased?
20, FILED 6/4 , 1932 J. L.	Jaidnes Registrar.	(Signed) (Address)	Cordora Jud.
If more blanks are no	aded address Chata Prairie	N.C. I.C. P. C. D. C. C.	

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or one principal states of	Example 1		Example II	
The principal cause of dof importance were as fo	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	111 2 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
		22)		
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING
WITH UNFADING INK—THIS IS A PERMANENT REC

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(A)
County Tall of	Registration Dist. No. 24.0
Village or City Edication	No. The standard of treet and number)
	. Charles How long in U.S. if of foreign birth?
2. FULL NAME Miss Sue Smit	-h
(8) Residence: No. alenton md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (perite the word)  Temale White Single, MARRIED, WIOOWED, OR DIVORCED (perite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased fro
(or) WIFE of	June 20, 1932, 10 June 20, 19
6. DATE OF BIRTH (month, day, end year)	liast saw h_2 alive on
7. AGE Years Months Oays If LESS than I dayhrs.	to have occurred on the date stated above, et
O N ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Date of one:
8. Trade, profession, or particular kind of work done, es SPINNER, Jause Reliker	
SAWYER, BOOKKEEPER, etc.	Circuloma Dies
9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Sundian Colo
O Coate deceased last worked et this occupation (month end spent in this	
year) occupation	Other Contributory Causes of Importanco:
12. BIRTHPLACE (city or town) Very followill (State or country)	
14. BIRTHPLACE (city or town). Dempleville	Name of operation Estandary Date of 6 20
(State or country)	What test confirmed diagnosis? Climital Was there an autopsy? 2
15. MAIDEN NAME Que Hoodall	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Caucalely (State or country)	Accident, suicide, or homicide?Oate of injury, 19
S (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs Balple Velette (Address) Deutsie	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Description of Removal Description of Removal 1932	Manner of injury
19 UNDERTAKER J. Virgil Moore	24. Was disease or injury in any way related to occupation of deceased?
(Address) Denton Ma.	If so, specify
20. FILED 6/87, 19 3 & M. M. Merius. Registrar.	(Signed) Zullum M.
Registrar.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	11		
LOUIS NO VO	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CC	County Talkat	Posistration Diet No. 9 40
onl oo	Village or City E sur then	No. Crungluy Haspilayst, Ward
of Jo	LIP (If	death occurred in a hospitator institution, give its NAME instead of street and number)
nt nt	Length of residence in city or town whera death occurredyrsmos.	ds 20 How long in U.S. if of foreign birth?yrsmosds.
r Sicians statement	2 FULL NAME Mrs. Edith Straw	ghn
tat	(a) Residence: No. St. Michaels	Wat. d. Ward.
_	(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
κ E	OR DIVORCED (write the word)	June 2 193 2
ed.	5a. If married, widowed, or diverced	(Month) (Oay) (Year)
A A C T L	(or) WIFE of Leron Strangehm	22. I HEREBY CERTIFY, That I attended decaased from
X X	July 10,0015	May 26, 1932, to June 2, 1932
ly ate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than	to have occurred on the date stated above at 11:40 Cm.
stated E properly certificate.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca
sta pro	8. Trade, profession, or particular	were as follows:
be of	Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Racella trena
may back	9. Industry or business In which work was done, as SILK MILL,	
	SAW MILL, BANK, etc  To-Data deceased last worked at 11. Total time (years) separation (mark) and	
10 to [17]	this occupation (month and spent in this year)	
oplied. AGE erms, so that instructions	CA Chical D	Other Contributory Causes of importance:
a. so	12. BIRTHPLACE (city or town) (State or country)	Secondary Bleeding
supplied n terms, ee instru	E 13. NAME Charles Willer	Nama of operation Selevery Bloss transfluence What test confirmed diagnosis?  Was there an autopsy?
= +	27 0 0	Nama of operation Delevery Blass Crange Wata of
Sair	4. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
efull in pl ant.	15. MAIDEN NAME Sarah E. Harrison	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
be careful EATH in p important.	[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
ld be car DEATH y import	E (State or country) manyland	Where did injury occur? (Specify city or town, county and State)
DE DE	17. INFORMANT Mg Lengy Strangham	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address) It has charled, had ()	
w [2] w	Place & h Mychaels Oate 6/5 1932	Manner of injury
mation s CAUSE TION is	Marion and Maria	7.
TI	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
	1/2 = 200/201	(Signed) nustalunes "M. I
(75)	20. FILEO . 19	(Address) Celulou Uso, -
had.	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	D. Every item of infor- SICIANS should state tatement of OCCUPA-
OR BINDING	A PERMANENT RECOR- ited EXACTLY. PHY operly classified. Exact si
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Exery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
V. S. No. 1	N. B.—WRITE PLAINE mation should be c CAUSE OF DEATH

1. PLACE (	Tall	7	<b></b>	Registration Dist. No.	244
Village or Length of re	City	deeth occurredyrs		St., stitution, give its NAME instead of street a if of foreign birth?yrs	and number)
2. FULL NA (a) Reside	1.4.	the Thomas Twee In (Usual place of abode)	C St., Ward.	If nonresident give city or town	and State
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL	CERTIFICATE OF DEATH	Н
3. SEX Temale	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	D. 21. DATE OF DEATH	(Month) (Day)	, 193 (Year)
5e. If merried, wide HUSBAND of (es) WHE of	Echroard C	Thomas	22. HEREE	BY CERTIFY, That I atten-	8 197
6. DATE OF BIRTH	I (month, day, and year)	May 14 187	1 last saw h elive on	Juste 17 , 19 -	3 ; death is
7. AGE Y	ears Months	Days If LESS (	hrs. The PRINCIPAL CAUSE OF DI	tales above, a /// 3.2 Am.	Date of on
8. Trade, pro	fession, or particular work done, as SPINNER R, BOOKKEEPER, etc	House wife	Scherin	es Carcinone	Date of or
SAW N	r business in which yas done, es SILK MILL, IILL, BANK, etcased last worked at	I1, Total time (yeers)	Jerry	A.	/92
O this oc year)	cupation (month and 193	spant in this	Other Contributory Causes of i	mportance:	104
12. BIRTHPLACE ( State or co		man me	Gunel	Cochafia	1/2
13. NAME	Treenbury	Jones	Д		
	CE (city or town) Will or country)	Thran md	Name of operation What test confirmed diegnosis	Language Date	an autopsy?
15. MAIDEN 1	111	Hunt	1	causes (Viol ENCE) 11 in also the follo	
[State or country]		Where did injury occur?	(Specify city or town, county and	Stata)	
17. INFORMANT(Address	Jenne Wid	tman ma	Specify whether interpretation	dun INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, OREM	t Michaele	Date Jime 20,1	Menner of injury		
19. UNDERTAKER (Address)	Newmann +	alla md.	24. Wes disease er Injury in en	y way related to occupation of deceased	, W
20. FILED buni	419 1932 9	us Victor & Porte	(Signed) La	us & seth	0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	marks .	Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epitepsy	1 week ago
Chronic interstitutat nepartitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County all of	Registration Dist. No. 290
Village or City Resolve Und	NoSt.,Ward
Length of rasidance in city or town where death occurred # yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Consid Tilalum	
(a) Residence: No. 20100, Nace	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of A 1 1/0_0	22. LHEREBY CERTIFY, That I etlanded decassed from
Asile of Silver	Wef 3 - 5 , 1928, 10 Unece 17 , 19 32
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h. M. alive on U Mure (1932; death Is said
9, 3 1 dey,hrs.	to have occurred on the date stated above, at 6 50, -m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Treda, profession, or particular	were as follows:  Nutral Pure Heriumy  Date of onset  2-/2-30
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	mercer surregionary 2-16-20
Andustry or business in which	
work was done, es SILK MILL SAW MILL, BANK, etc 11, Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importanca:
(State or country)	aus my many or
13. NAME Seud Til Luna	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Survella Marie April 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19
(State of County)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, UK KEMUVAL	Menner of injury
Piepe Dete Date 1933	
19. UNDERTAKER augus a Soance.	24. Was disease or injury in any way ralated to occupation of decaased? Zurase
(Addrass) Sadiu Ind	If so, specify
20. FILED 6/20 1932 MI Meires	(Signad) M. C. Sureus M. D.
Registrar.	(Addrass) Cloten MA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis	ДИ 8 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	BUREAU V. S	July 5, 1927	Peritonitis	3 days ago
		ا لنا		
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County / allo	Registration Dist. No. 390
Village or City & aston	No. Energency Haspistal Ward
Longth of Jesidenca in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give it NAME instead distrect and number)  ds. How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME Balu Todd	Pierre
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
100000000000000000000000000000000000000	1, 19 2, 10
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated ellow, et 12 Mannon
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(Yeurshier mentable)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Date deceased last worked at this occupation (month and specific property)  It. Total time (years) Search in this	
Date deceased last worked at this occupation (month and spant in this	
yeer) occupation (month and yeer)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Easton q	Other Controducty Causes of Importance,
(State or country) Mayand	
13. NAME Kerhert Raymond I add	
13. NAME Center Raymond and	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Edith Buchahan  16. BIRTHPLACE (city or town) — Edward Shahan  (State or country)	23. If death was dua to external couses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) — College (Stete or country)	Accident, suicide, or homicide?
Qu. 81 H	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Character Court Court	Specify whether injury occurred in Property, in Nome, of the Poblic Place,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Teachard Date 4 23 ,1932	Nature of injury
19. UNDERTAKER LIKE Malle & Jow 1	24. Was disease or injury in any way related to occupation of deceased?
(Address) Pastavind.	If so, specify
20. FILED 6/22, 1532 N.S. Merris	(Signed) M. D
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIA	N
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(0)
County (albo)	Registration Dist. No. 290
Village or City Laslan	No Emergency Mospital of Word
(If Length of rasidance in city or town whare death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH ()
Male Glack OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	(1001)
(or) WIFE of Sarah wand	1 HEREBY CERTIFY. That i attanded deceased from
6. DATE OF BIRTH (month, day, and year) Non 27 1898	Last saw h. A aliva on School 1032 doubling
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated dova, at 15 a.m.
alrau 3 8 39 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es follows:  Date of one of the part
kind of work done, as SPINNER, habover	9732
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last workad at this occupation (months and	
The Date deceased last worked at 11. Total time (years)	
O The deceased last worked at this occupation (month and spear)	
12. BIRTHPLACE (city of town). Crislield	Other Cantributary Causes ob importance:
(Stata or country)	10 Dali 11 hall 1 10h 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13. NAME DavidT Ward	(3) Weller Trether. 12900
13. NAME David Tuad  14. BIRTHPLACE (city or town). Cracking and	Name of operation which the Date of Alles
(State of country)	What tast confirmed diagnosis?
15. MAIOEN NAME On ancella ward  16. BIRTHPLACE (city or town). Crisquelda	23. If daath was due to axternal ceuses (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town) Cinchella	Accidant, suicide, or homicide?
(State or country) Marilland	Where did injury occur?
17. INFORMANT Sarah Haul Harsey	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass)  18. BURIAL, CREMATION, OR REMOVAL	
Place Tawsonia Confest my 7 1932	Mannar of injury
1/1/12/1	Nature of injury
19. UNDERTAKER (ONL) CADAMAN (Address) 5 3 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	24. Was disease or Injury in any way related to occupation of daceasad?
(1) my source	If so, specify (Signad)
20. FILEO 9 6 , 19 3 4 / A I I I I Registrar,	(Signad) M. D.
	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL U 177	July 5,1927	Peritonitis	3 days ago
	BURGAU V. N	3.		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		I		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Lee Dot form # 2 under "noble" 7/1432 for authorization & Change I year & age.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RAKET			
Other contributory causes of importance:	0.00	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state infor-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

of OCCUPA.

N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6850
1. PLACE OF DEATH	3 9 94
County Jalos	Registration Dist. No.
Village or City /2 My water	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. it of foreign birth? yrs mos ds.
JT W'11	
2. FULL NAME felies Willieg	0
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (rurite tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	224 I HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of	19.32 to That I attanded deceased from
4 108 %	last saw it aliva on 19 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Heters 22 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Estably on 10 min
kind of work done, as SPITINER, SAWYER, BOOKKEEPER, etc.	Pitalia Visiting Ind
work was dona, as SILK MILL, SAW MILL, BANK, etc	tipling of
10. Data deceased last worked at this occupation (month and year)	
A -	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Howark Welly	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
T 15. MAIDEN NAME LE LINE LA	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Tarbot (ex	Accident, sulside, or homicide?
X (State or country)	Where did Injury occur?
17. INFORMANT These brist Willey (Address)	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date Date 4, 19.72	- Nature of injury
19, UNDERTAKER CAUCA A Sette	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDJeme 5, 132 Mrs. Witton L. Porler. Registrar.	(Signed) M. D.  (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at section or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and r of importance were as follows:	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 11	1 8 1937	1921	Run over by street ear	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
1977	DESE LO			
Other contributory causes of impor	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYL	AND-CERTIFIC	CATE	OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	IR-a
County Talbot	Registration Dist. No. 293
Village or City Leves to war	No. St., Ward
A /~	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Colorarles R Willis	
(a) Residence: No. Lours Town	St., Ward.
(a) Residence. No. (Usual place of abode)	Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male marie surarries.	(Month) IL (Day) 3 Pom (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Liebor Miller	19 1,10 3 3 5 ,19
6. DATE OF BIRTH (month, day, and yaar) 6th 27 1846	t last saw h aliva on the said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8 Trade systemics as social as	ware as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	Apopleyy Cuebral
SAWYER, BOOKKEEPER, atc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Oata decaasad last workad at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and year) spent in this occupation 70 70	
1/20	Other Contributory Causes of Importance
(State or country)	Saleposes Has a severe
13. NAME John F Willis	Jall for 12/3,2 Gradun
13. NAME folia T Willis 14. BIRTHPLACE (city or town)	Namp of operation
(State of country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIOEN NAME Congaloth De Rowers	23. Il death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Edigateth & Rowers  16. BIRTHPLACE (city or town). Rowers  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whara did Injury occur?(Specily city or town, county and State)
17. INFORMANT CARDON COMP.	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place Earlow Id Date June 14, 1932	Nature of injury
19. UNDERTAKER Carres 2 of Kence	24. Was disease or Injury In any way related to occupation of deceased?
(Addrass) Pandover + CV	If so, specify
20. FILED 6/16 1932, J. L. Sardner	(Signed) M. D.
Registrar.	(Address) Thousand Indo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		, , , , , , , , , , , , , , , , , , , ,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
26			

# PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Faller	Registration Dist. No. 291
Village or City how tracks	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Lows, young,	
	St Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND ol (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) une 3 1934	t last saw h alive on , 19 ; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	8. 00
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and	Stell-Firth
Do Dato deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Fallow 60 Will (State or country)	Other Contributory Causes of importance:
13, NAME Rumana, Oscar young	
13. NAME Remails Scar forms  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Talbot Co.	Accident, suicide, or homicide?
17. INFORMANT Cellian Young County	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place Date Date 47, 1934	Manner of injury
19. UNDERTAKER Raymond O young (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED LINE 4, 19. 34 Joseph aston	(Signed) Araple M. D.

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